

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038900

1. Corporation Name
SOUTHERN HOLDINGS, INC.

Principal Place of Business
16 WEST GALVEZ STREET
PENSACOLA BEACH FL 32561

Mailing Address
16 WEST GALVEZ STREET
PENSACOLA BEACH FL 32561

FILED

99 OCT 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3383126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 433 E. GOVERNMENT
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

22 PENSACOLA FL
City & State

27
City & State

23 32501 USA
Zip Country

28
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

RIDLEHOOVER, KENNETH R
900 NORTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-24-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME # FRIEDRICH, GRANT
STREET ADDRESS 16 WEST GALVEZ STREET
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE V ☐ DELETE

NAME FRIEDRICH, PAUL
STREET ADDRESS 325 N. MAIN
CITY-ST-ZIP COLUMBIA IL 62236

TITLE S ☐ DELETE

NAME FRIEDRICH, ALICE
STREET ADDRESS 325 N. MAIN
CITY-ST-ZIP COLUMBIA IL 62236

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8 TRISTAN WAY

PENSACOLA BEACH FL 32561

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500003026795--4

-10/27/99--01081--008

****550.00 ****550.00

TS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-24-99

CR2E034 (11/98)